

HAMILTON COUNTY AUDITOR  
REAL PROPERTY DEPARTMENT

ADDRESS CHANGE

PARCEL NUMBER: \_\_\_\_\_

DEEDED OWNER NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DO YOU LIVE AT THE NEW ADDRESS?

EMAIL (OPTIONAL): \_\_\_\_\_

YES  NO

NEW ADDRESS: ATTENTION: \_\_\_\_\_

MAIL

POST OFFICE BOX: \_\_\_\_\_

PROPERTY

NEW COMPLETE ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

ADDITIONAL PARCELS: \_\_\_\_\_

TAXPAYER REQUEST?? YES  NO  IF NOT WHO? \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

By submitting this tax billing address change request, the requestor represents and warrants to Hamilton County, Indiana and its officials, employees, agents, representatives and contractors as follows: (1) the requestor is an adult with legal capacity to submit this request; (2) the requestor is either (a) the owner of record of the subject real property, or (b) duly authorized by written instrument executed by the owner of record of the subject real property (or by court order) to submit this request; (3) in the event the subject real property is held by a business entity or trust, the requestor is a principal, employee, agent or trustee with all necessary authority to act on behalf of and to legally bind the business entity or trust. Requestor further understands, acknowledges and agrees that it has a continuing legal obligation to provide Hamilton County with a correct tax billing address for the subject real property, pursuant to IC 6-1.1-24-4(b).

33 N. NINTH ST.  
NOBLESVILLE, IN 46060



VOICE: 317-770-4412  
ADDRESSES@HAMILTONCOUNTY.IN.GOV